

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKRECEIVED  
SDNY PRO SE OFFICE  
2016 MAY -3 AM 10:20LIDYA MARIA RASIN, petitioner/claimant

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

**16CV3291**

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

Peter Tom, Cyrus Robert Vance, Jr.,  
And Eric Schneiderman, Respondents.

(full name(s) of the defendant(s)/respondent(s))

## APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☒ No (If "No," go to Question 2.)  
I am being held at: \_\_\_\_\_

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: \_\_\_\_\_

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☒ No

If "yes," my employer's name and address are:

\* NOTE: My Social Security Disability Award is for spinal injuries; I am trying to avoid surgery and have a potentially life-ending physical medical condition.

Gross monthly pay or wages: \_\_\_\_\_

If "no," what was your last date of employment? Before 2008 - I was injured withGross monthly wages at the time: spinal injuries and receive

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes☒ No

(b) Rent payments, interest, or dividends

☐ Yes☒ No

- |   |                              |  |
|---|------------------------------|--|
| (c) Pension, annuity, or life insurance payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (d) Disability or worker's compensation payments  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (e) Gifts or inheritances   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (g) Any other sources   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

My only source of income is Social Security Disability. The Award is for spinal injuries that I am managing conservatively as I try to avoid spinal surgery; in addition, I have a potentially life-ending physical, medical condition which has already been reviewed by a federal judge.

- If you answered "No" to all of the questions above, explain how you are paying your expenses:
4. How much money do you have in cash or in a checking, savings, or inmate account? \$200<sup>00</sup>/<sub>100</sub>
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

No

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
- Rent = \$500/month Utilities/phone: \$100/month, approximately  
Transportation = \$116/month About \$123/month is taken unlawfully  
I am fighting this.
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

NONE

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable: I owe about \$250,000<sup>00</sup>/<sub>100</sub> in personal debt.

About \$12 About \$123<sup>00</sup>/<sub>100</sub>/month is taken from my social security disability payments unlawfully by U.S. Dept of Education in federal  
Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims. student loan fraud, that I am fighting.

2-MAY-2016  
Dated

Lidya Radin  
Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

40 Joe Friendly 203 West 107<sup>th</sup> Street, #8A, N.Y. N.Y. 10025  
Address City State Zip Code

516-445-4390  
Telephone Number

Radin. lidya2@gmail.com  
E-mail Address (if available)